

## Town of Glastonbury Glastonbury, Connecticut

Return to: Town of Glastonbury Customer Service Center 2155 Main Street Glastonbury, CT 06033-6523

## EMPLOYMENT APPLICATION

The Town of Glastonbury is committed to a policy of non-discrimination and equal opportunity for all qualified employees and applicants for employment. The Town does not discriminate on the basis of race, color, sex, age, religion, marital status, national origin, ancestry, veteran status, sexual orientation, gender identity or expression, or disability as defined by law. The Town will make reasonable accommodations for individuals with disabilities provided that the accommodation does not impose an undue hardship on the Town.

## INSTRUCTIONS FOR COMPLETING APPLICATION:

This application constitutes a part of the examination process. It must be completed in full even if resumes or other supporting materials are attached. Please answer all questions fully and accurately. Make your statements brief, but do not omit important information which may have relevance to the position. Applications may be rejected or receive lower ratings because answers are incomplete, vague or evasive.

Please type or complete in ink. Email address is required

Section 1: Exact Title of Position	on Applying For (A separate ap	oplication is required for each position)
Section 2: Personal Informatio	n	
Title First Name	Middle Initial	Last Name
E-mail Address (Required)		
Mailing Address	City, State	Zip Code
Home Phone: May we contact you at your we	Cell Phone: ork number? □ Yes □ No	Work Phone:
Are you either a U. S. Citizen of Must provide documentation, i		k in the United States? □ Yes □ No
Are you 18 years old or older?	□ Yes □ No	
,	ualify you from employment w	traffic violations)? Conviction of a vith the Town. The Town will consider tion sought.   □ Yes □ No
For HR Use Only		

NAME	
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Section 3: Militar	y Record (Pro	vide a copy o	of your DE	214, if appli	icable)	
Branch of Service	е	Dates Serve	d Ty	pe of Duty		
Special Training	Received:					
Section 4: Educated Select highest grade of	ompleted	ad Fauivalanav	Collogo		DA MACAMA F	□ Doctoroto
9 10 11 Colleges, Universities					BA	
			From	То	Major	List Degree
Name of School	and Location		(Mo/Yr)	(Mo/Yr)	Subject	Received
0 5 1.	10 (11)	1.01.111				
Section 5: Licens					-b	
A. List all prof requires:	essionai licens	es, certificati	ons, or cla	asses for Wni	cn you nave a	and the position
				e		
	ner related prof which you are		nses, cert	fications, or	classes that w	vill benefit the
p comon con		٠,١٠٠٩٠				
C. Please co	mplete if applic	able. I have	the follov	ing skills:		
□ Microsoft Wor	rd □ Micros	oft Excel	□ E-Ma	<i>il</i> □ Typiı	ngWPN	1
□ Other software	e or equipment					

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	g self employment, summer, part-time and full-time military k performed on a volunteer basis. Start with the present
Are you willing to have your present emperformance? Yes □ No □ If NO, plea	nployer contacted regarding your qualifications and work ase explain:
Most recent/Current Employer Name &	
Address	Job Title  □ Full Time □ Part Time hours per week
	Supervisor name and phone number
Telephone ( ) Dates of Employment	Starting Hourly/Monthly wage \$ Final Hourly/Monthly wage \$
(Mo/Yr) to (Mo/Yr)	Reason for Leaving
Description of Duties	
Employer Name & Address	Job Title  □ Full Time □ Part Time hours per week
	Supervisor name and phone number
Telephone ( ) Dates of Employment	Starting Hourly/Monthly wage \$ Final Hourly/Monthly wage \$
(Mo/Yr) to (Mo/Yr)	Reason for Leaving
Description of Duties	
Employer Name & Address	Job Title  □ Full Time □ Part Time hours per week
	Supervisor name and phone number
Telephone ( ) Dates of Employment	Starting Hourly/Monthly wage \$ Final Hourly/Monthly wage \$
(Mo/Yr) to (Mo/Yr)	Reason for Leaving:

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Description of Duties	
Employer Name & Address	T
Employer Name & Address	Job Title
	□ Full Time □ Part Time hours per week
	Supervisor name and phone number
Telephone ( )	Starting Hourly/Monthly wage \$
Dates of Employment	Starting Hourly/Monthly wage \$ Final Hourly/Monthly wage \$
(Mo/Yr) to (Mo/Yr)	Reason for Leaving
D. saladas - (Dudas	1100001110. <u>1</u> 00111.9
Description of Duties	
Section 7: Use this space for any addi-	tional information, or for continuation of answers to
previous questions. Refer to questions	
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Section 8: Certification. Please read the following and sign whe	re indicated.
A. I certify that there are no misrepresentations, omissions or fal statements and answers, and that the entries above made by moto the best of my knowledge and belief. I understand that non-cowill result in rejection of my application or, if I am already employemployment.	e are true, complete and correct ompliance with this certification
B. In the event that I am employed by this town, I agree to compregulations. The Town of Glastonbury makes no guarantee of comprowers and Town Manager may enter into an employment written agreement signed by all parties.	ontinued employment. Only the
C. Failure to follow directions and complete all sections of this arimmediate dismissal from the recruitment process.	oplication is grounds for
D. The Town reserves the right to conduct pre-employment drug applicants. Failure to pass the test will result in the withdrawal o Applicants for safety sensitive positions or those requiring CDLs Town's Drug and Alcohol Testing Program.	f any offer of employment.
	nd understand them.
I hereby acknowledge that I have read the above statements as	
Signature	Date
Signature	Date  ED, PLEASE UPDATE YOUR SPAM
Signature  Print Name  Note: TO ENSURE EMAIL COMMUNICATIONS ARE RECEIVE	Date  ED, PLEASE UPDATE YOUR SPAM
Signature  Print Name  Note: TO ENSURE EMAIL COMMUNICATIONS ARE RECEIVE FILTER TO ALLOW EMAIL FROM THE Glastonbury-ct.gov DOM	Date  ED, PLEASE UPDATE YOUR SPAM
Signature  Print Name  Note: TO ENSURE EMAIL COMMUNICATIONS ARE RECEIVE FILTER TO ALLOW EMAIL FROM THE Glastonbury-ct.gov DOM  Please indicate where you learned about this position:	Date  ED, PLEASE UPDATE YOUR SPAM
Signature  Print Name  Note: TO ENSURE EMAIL COMMUNICATIONS ARE RECEIVE FILTER TO ALLOW EMAIL FROM THE Glastonbury-ct.gov DOM  Please indicate where you learned about this position:  Newspaper (Name)	Date  ED, PLEASE UPDATE YOUR SPANMAIN.
Signature  Print Name  Note: TO ENSURE EMAIL COMMUNICATIONS ARE RECEIVE FILTER TO ALLOW EMAIL FROM THE Glastonbury-ct.gov DOM  Please indicate where you learned about this position:  Newspaper (Name)  Website (Name)	Date  ED, PLEASE UPDATE YOUR SPANMAIN.